

The Cancer Professionals Podcast

Embedding prehabilitation in cancer care: From guidelines to delivery

Episode transcript

(Intro music)

Emma (00:10)

What does it really take to deliver prehabilitation in cancer care and how close are we to making it equitable?

June (00:17) – Clip from episode

The key to this is equity of provision, even at a basic level. It's really important because the evidence is stronger than it has ever been for supporting people through their cancer experience. And we know that people absolutely embrace this in terms of empowerment for people, control that they can take and increasing their resilience really matters. So we have a duty to try and enable equity here.

Emma (00:43)

Hello, I'm Emma and my pronouns are she, her.

Carly (00:46)

and I'm Carly and I go by she her. Welcome to The Cancer Professionals Podcast, a podcast from Macmillan. In this series, we chat to a wide range of guests, including health and social care professionals to lift the lid on current issues faced by the cancer workforce.

Emma (01:01)

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(Intro music fades out)

Emma (01:24)

Hello and welcome to The Cancer Professionals Podcast. Today we're talking about something that's becoming increasingly important part of cancer care, prehabilitation or prehab. That what happens before treatment can be just as important as what happens during and after it. Recently, new clinical and implementation guidelines for prehabilitation were published, which set out what good looks like and how services can embed this approach into everyday cancer care. In this episode, we'll be exploring why prehabilitation matters, what the guidelines mean in practice, and how they can improve outcomes and experiences for people living with cancer. We're delighted to be joined by June Davis, the Lead Nursing and Allied Health Professional Advisor at Macmillan, and Laura Massouh, a Consultant Anaesthetist

and Medical Lead for Prehabilitation at the Royal Berkshire NHS Trust. Welcome to the podcast.

Please could we start with you telling us a bit about yourselves and your connection to rehabilitation.

June (02:20)

Thank you, ~ Emma, and really great to be here. So thank you for inviting us along. So my connection to prehabilitation is that, and it feels like a long time ago now, that in 2019, I co-led the development of the prehabilitation guidance, the first published guidance nationally and internationally after a couple of years work. And then it was felt that after five years, we would update with lots of other colleagues. A couple of us who co-led it last time decided that we would update the guidelines, hence those guidelines that are now published, which we will talk a bit more about in this podcast. So my interest and involvement over the last seven or eight years, and I co-led and authored the current publication that's live and out for everybody to enjoy. Thank you.

Emma (03:09)

Thank June, and it's going to be great to explore those guidelines in some more detail. And Laura?

Laura (03:15)

Thank you so much for inviting me to be here. So as I said, my name's Laura. I'm one of the anaesthetic consultants at the Royal Berkshire Hospital, which is a large district general hospital in the Southeast of England. And I'm the medical lead for our sort of new, relatively new, prehab service at the Trust, which we're incredibly proud of and is going from strength to strength.

Emma (03:36)

Thank It's lovely to have you both join us. So June, I wonder whether you might be able to start us off by defining what we mean by the term prehabilitation and what this means in relation to cancer care.

June (03:49)

Yeah, really important question, Emma. And I think what we have is moved in the last five years to a much clearer definition than we had previously. So for those listening, prehabilitation is a needs-based multimodal intervention. So what we mean is it involves different interventions, such as nutrition, support, exercise, psychological support wrapped around with behaviour change. And prehabilitation is about before and during treatment. So that's important for colleagues to know. And it will help us optimize people's physical, nutritional and psychological status, enhance their readiness for and tolerance to treatments, whether that be surgery, chemotherapy, radiotherapy, immunotherapy, and improve people's recovery, quality of life. And it's important to know that prehabilitation involves screening so that we can identify those people that need different levels of support depending on their needs. And

then the idea is to assess, to identify their people's needs, enabling those individual, and we do state it in the guidelines, prescribed exercise, nutrition, and psychological interventions supported by behaviour change techniques.

Emma (05:03)

It's such an important topic and a really person-centered topic to look at actually what that individual needs to support them in that run-up to during and after treatment. And I wonder if we could explore that a little bit more by thinking maybe about which healthcare professionals might usually be involved in delivering prehabilitation.

June (05:22)

So I think it's mixed and varied. So it depends where you are and Laura may want to add in due course. I think what's important is that it's for us working in this space, it's really everyone's business. And I think whether you're a doctor, a nurse, an allied health professional, a support worker, there is a role to play here in supporting people.

And we know around the country that different services have different staff mixes and different people that are supporting people with cancer, whether they deliver prehabilitation or not. But it's important to understand the skills, knowledge and expertise of different people and what they can offer to support people. So we know, for example, that our clinical nurse specialist colleagues are one of the sort of, if you like, anchors for people through their cancer experience.

And therefore they, along with their allied health professional medical colleagues have a significant role to play in supporting people, understanding people's needs, signposting, referring on to certain services and they will understand locally what is available as well. I would also say that our colleagues could be in primary care, so in GP practices, as well as in secondary care, as Laura, but also we have such important, I guess, it's really important for us to consider how people are supported in community settings. So what I mean by that is perhaps in a leisure centre, it could be in a community support group, that type of thing. So it could be an exercise instructor, a clinical exercise physiologist, it could be a support group supporting each other to share how they're getting on across their cancer experience and coming together to do exercise, for example. So it's a real range of people.

Emma (07:12)

Such a collaborative approach, isn't it? I wonder Laura, whether you had any additions or insight from your experiences in terms of that involvement.

June (07:14)

It is. It is.

Laura (07:24)

So, we were incredibly fortunate to receive a grant from Macmillan to sort of initiate our prehab service. And we've been up and running for just over a year now. So our

team is a senior physio, a senior dietician, we've got a health coach. We now have a prehab CNS and then we've got some administrative support to support us myself. And then our... rehab CNS as well has also played a key role. quite a diverse team in terms of skills, but I think that's our strength because what we have noticed over the last year or so is that being able, we've all got different skills, different experience, different training, and we've all got something to bring to our patients. And having that variety, I think, really means that we can see and look after these people in a holistic way. And then obviously with close relationships with the tumour-specific CNSs, our surgical colleagues, my anaesthetic colleagues and things, but actually it's a real MDT approach and I think that's prehab's real strength actually.

Carly (08:25)

That sounds so great. I'm really looking forward to hearing more. We'll talk a bit more, maybe a bit later Laura, about your prehab service. But yeah, I really, think that word you said there, holistic, is really key and really does describe that so well. But can we first talk a bit about the new guidelines, which I know an incredible amount of work has gone into to develop them and update them.

June, perhaps we'll start off, if you could talk a bit about how they were developed and updated. So what was the approach? How did you approach updating them? Who was involved? Could you tell us more about that?

June (09:02)

Indeed, important question, Carly, and a labour of love, I think, for last two years and continues to be so. And anybody that knows these kind of things, they are incredibly important and it's important to involve all the right people. So that has been key right from the start. Very multidisciplinary. So, it first started, I'm going to say, with a conversation with my co-chair in September/ October 2023 where it was just a quick chat and then it was do you think we need to do something kind of approach and then we formally commence the work in January 2024 and we set up six working groups covering the main well there are there were six topics but there are more topics in the guidelines so those those topic areas were in no particular order, prehabilitation implementation, health economics and business cases, psychological support, nutrition, exercise and behaviour change and the use of technology in supporting people. So those groups had about between 10 and 12 people on each. We had two co-leads for each of those groups who very kindly either volunteered or we asked them very nicely to be part of it. And we, I mean, we...

we absolutely have the best of the best to support us without question. So there was really no issue in engaging people to help us do this work because all of the people that were co-leads, it is very much part of their jobs. we had co-chairs nationally and internationally. So particularly from Canada, Australia, Northern Europe, as well as the UK. So that mattered in the groups.

We had a multi-disciplinary group, so we might have physios, anaesthetists, surgeons, dieticians, depending on the nature of the group, health economists, specialists, depending on that, as well as NHS England colleagues and others from Wales, Northern Ireland and Scotland as appropriate. We had a steering group to

oversee the work and then they had their individual respective groups if you like. the idea was that they would, had a process of firstly consulting on the definition. So you can imagine the definition shared earlier in the podcast took quite some time to get to, to be fair. ~ You know, it's a bit of wordsmithing, but actually really important that everybody agrees that it's okay. And ~ there was a lot toing and fraying, but we got there and I think that's important because at the end of the day, the audience for this work are healthcare professionals trying to design, develop and deliver services and it needs to be as clear as possible. And then the idea was that everybody would look at the evidence for their area based on a number of review questions for each of their topics. So we also consulted on those review questions with wider stakeholders had the review questions, then we ended up looking and synthesizing over 10,000 evidence papers from 2018 through to 2024. And there was a separate search done for prehabilitation implementation as well, which had just shy of 10,000 papers as well. And then you screen down and then you end up looking at the detail of

For some of those topics, large numbers of papers for others, far fewer. and then that then helped get to because the output, if you like, were statements of fact of what the evidence is telling us and then recommendations. So the guidelines then include 20 statements and 54 recommendations. I did count them. I hadn't counted them before. Across actually 11 topics.

So health inequalities, implementation of rehabilitation, health economics, behaviour change, also screening assessment and personalised support, because that came across. we had to sort of, if you like, triangulate the information from across the different groups. Group education was a specific piece, the digital and technology piece, and then nutrition, psychological support and exercise.

Carly (13:19)

Wow, that was very well summarized and also really does show the amount of people involved and the real rigorous sort of thorough work that went into that. And of course we'll put a link in the show notes to the guidelines. So hopefully after this listeners will go straight on and read them.

June (13:25)

Incredible amount. Yeah.

Carly (13:35)

You talked about the different components, for example, the use of technology, you talked about the statements and the recommendations. Is there anything else you want to touch on to kind of summarize what's in the guidelines for us?

June (13:47)

the other thing to mention is we had significant engagement with people with lived experience through the groups and also the steering group and that kept us on the straight and narrow I'm going to say and grounded in reality and some of those people are healthcare professionals themselves, not all, so again and some of them you know work in this space they were fantastic as people always are and so

generous with their their personal views of how this is. the other thing probably to flag is that we do have a blog ~ on this on the Macmillan website and perhaps we can share the link to the blog as well, which has just been published in the New Year.

Carly (14:24)

Absolutely. Absolutely. Yeah, we'll put a link to the blog as well. Of course, that sounds great.

(Music fades in)

Emma (14:34)

We're hearing more and more about how important prehabilitation is and the difference it can make for people living with cancer.

Carly (14:40)

So if you're thinking, where can I learn more about prehab and put it into practice? In addition to the updated guidelines that we're talking to June and Laura about today, Macmillan have partnered with Health Education England to develop PROSPER, the Cancer Prehabilitation and Rehabilitation Programme of Education.

Emma (14:58)

It covers personalised care, prehab and rehab, managing the consequences of cancer treatment and even service redesign and workforce development. ~

Carly (15:06)

and is designed for a wide range of professionals with foundation, intermediate and advanced levels, dependent on your role and experience.

Emma (15:14)

Prosper is free to access on the e-learning for healthcare platform. Just search Prosper on e-learning for healthcare or Macmillan's Learning Hub to find out more and get started.

(Music fades out)

Carly (15:25)

I did want to touch on in the guidelines is something that kind of popped up a few times was that acknowledgement that within prehab and within the prehab provision, nationally, there is quite a difference. So for example, prehab having really outstanding services in certain parts of the UK, all the way through to non-existent services. So I wanted to...

to sort of raise that. And I wondered if you could talk a bit about how can the guidelines help to address or start to address some of those inequities and the differences that we see around prehab across the UK? ~

June (16:04)

I think certainly what we've noticed in the last, I'm going to say five, six years or so, there has been a massive increase and it has been significant in people's interest in this topic area because in the science world, this is still quite new and it sounds ridiculous, but it's newer than other things. Can we say that?

~ it takes time for the NHS and healthcare to catch up with the evidence. So some of the development of services has been overtaken the evidence, I'm going to say it, which I think is quite interesting. And we do have exemplary services across the country. We do have big areas of nothing, I think it's fair to say, or very limited. And I think

Talking to healthcare providers and trusts and health boards and networks, cancer networks and others, I think there's something about how they work together across a system, understand what they've got in terms of people of interest, how can they use their community groups and other local charities, for example, the leisure sector, to help with the NHS work on something, but perhaps do it in a phased way.

There is, you know, the elephant in the room is, and that's why we included it in the health economics piece, is the issue of commissioning and how services are funded. And it will be inappropriate not to mention that here. And it is a challenge because it depends where you are, how things are funded. Laura, you mentioned the team you're in was and has been initially funded by Macmillan, but of course that's not across the board. that's so that's why we've had NHS England and relevant colleagues from the other nations to help support and understand what the funding needs to be potentially for this. But of course, we're in a we're in a changing landscape. We know that within the, for example, the 10 year health plan, there is considerable leverage to help deliver some of this through some of the shifts from hospitals to community and those kind of things, from illness to prevention, know, et cetera. So I think that that will help us, but it isn't a one size fits all and we can't necessarily lift and shift model A to another place in the country. And I think, but we need to understand that there are core principles that the guidelines offer to standardize the approach to patient care. I suppose that's where I'm going with this.

So that we should, and it's always been my personal view, the key to this is equity of provision, even at a basic level. It's really important because the evidence is stronger than it has ever been for supporting people through their cancer experience. And we know that people absolutely embrace this in terms of empowerment for people, control that they can take and increasing their resilience really matters. So we have a duty to try and enable equity here.

Carly (18:55)

Yeah.

Laura (18:58)

I completely agree, Jean. think a local level, seen the benefits of prehabilitation. And I think certainly the evidence is really starting to stack up, isn't it? So I think we have

a duty as healthcare professionals to try and make this as widespread as possible. For us locally, there are some areas of the country that are doing this incredibly well. think off the top of my head, Manchester, Northern Ireland and Wales have got amazing networks and they have all been incredibly generous with at conferences and the like to try and describe what they're doing. those of us that are following them have got blueprints to work from. So that's been incredibly valuable, I think.

Locally we're working across our ICB and so and exactly as June mentioned you know what resources have our colleagues in other hospitals around our patch doing, what are they already doing, what are the council services doing, what's happening in primary care, it's about working collaboratively across our area to see what's already there and you know and joining you know joining these services together to try and support our patients as best we can.

Carly (20:16)

Yeah, absolutely. And I think this might be Laura, quite a nice time if you can talk a bit about your amazing prehab service. So could you tell us about that? So what it looks like, but also what impact, what difference is it making for people living with cancer?

Laura (20:26)

I'd love to. Thank you. So this is, as I said, I work at the Royal Berks Hospital. So we're a large district general hospital. we started about a year ago with our team and we started to initially focus on patients with colorectal cancer. That's because at the time that was where a lot of the evidence lay. And then we've expanded from there.

So at the moment, we receive our sort of referrals as it were from the MDT or from our sort of tumour specific CNSs. They send us the details of the patient. We send them a digital screening tool with a sort of cover letter essentially explaining what prehab is, what the benefits are. And then we send them this digital screen, which tries to sort of identify how much exercise they're doing. We screen for exercise, their nutritional status. We screen for anxiety and depression. We also have added in some additional things about smoking and alcohol because we know that intervening on those early can make really significant differences to patients' operative and post-operative outcomes.

We then receive the results of those. We triage patients into the universal targeted specialist and sort of categories depending on the level of support they need. And then from there, we then go on to sort of an intervention phase. So from the exercise perspective, are, as I said, we're incredibly fortunate. We've got a physio and our health coach.

It has also got a background in personal training, is, you know, we're so lucky. And so between the two of them, they run two in-person exercise classes a week. That's run in the hospital gym on site. And then we also do a remote class once a week as well for those that can't make it into the hospital but are digitally enabled. That runs, as I said, you know, that's in-person two times a week with the digital and then right up until the time of their operation.

from a sort of dietetics perspective, based on the screening tools, we then can have one-to-one dietetic support for our patients. And then from the sort of behavioral change psychological support element, a lot of that interestingly gets done in the exercise classes actually. There's a lot of sort of behavioral nudging that happens within the exercise classes with the sort of peer support of the group of patients living with cancer going through the exercise classes. But we've also got a pre-hab CNS now that's providing a lot of additional psychological support and then also, of course, signposting to the sort of psychologists within the trust as well. We've then kind of sort of developing this sort of pre-hab to rehab elements of it by working.

We're very fortunate that our CNS, we've got a lead CNS that's kind of across both prehab and rehab. So it's then making sure that our pathway is joined up from before treatment through during treatment and then afterwards. you also then mentioned about what benefits are having for patients. And this is the amazing thing about working in this space is that we have patients love it. I'm being a bit generalist.

But we've had such fantastic feedback from our patients. They really enjoy coming to the classes. It's the, you know, they see the same people, week on week, not only the, you know, our physio and health coach, but also each other. And actually having that, having those relationships with everybody in the room, I think means that there is a lot of knowledge sharing across, a lot of support that happens, a lot of support that happens to the families as well that come too. And we've given people the confidence to exercise that have never exercised before. And we're now starting to follow our patients up post-operatively. And they have, with the skills that they've learnt, you know, in our exercise classes, they've continued to stay active even after their operation, which is just incredible.

Carly (24:14)

Hmm. wow. Yeah.

Laura (24:39)

And so, and then sort of from a dietetics perspective, people I don't think realize the difference that making a few tweaks to their diet can make. I think people, know, just hearing a bit about what eating, you know, fruit and vegetables can become, what impact that can make, what impact your protein can make. And I think for some patients it's quite complex what they, you know, if they need to have a low fiber diet or other such things actually having.

Having somebody that you can really give you that personalized care and support, I think makes an enormous difference. and actually once patients finish sort of before their operation, the commonest question we ask is, okay, so do we get to come back? Can we come next? And we're trying to, you know, work out how that sort of prehab to rehab flows through our service is working at the moment.

Carly (25:26)

Wow, that sounds amazing. And I'm sure people listening will be so inspired by that service and how well it's going. And I really like what you said about longer term behaviour change that people are seeing and continuing to do like the continued exercise. I think it's brilliant. Is there any other, and there might not be, because you've talked so much about kind of the benefit to people, the really great feedback you've had. there any other?

Laura (25:31)

I hope so. Yeah. It's amazing.

Carly (25:52)

~ sort of outcomes that you've been able to measure to really see the impact of the service.

Laura (25:57)

So obviously I've said a lot of sort of patient specific things, but actually from an organisational perspective, we're analysing our data currently. But what we are starting to see signs of is a reduction in our complications post-operatively and a reduction in length of stay, which is in keeping with data nationally.

Now I will caveat that with that, obviously we are not the only thing that's changed in the last year within our hospitals. Obviously there's a lot of progress that's happening across NHS hospitals constantly, I think. So as much as I would love to say that is all us. I can't say that with absolute confidence without drilling into the data a bit more, we are certainly seeing improvements in those areas across our hospital and our

And from a sort of colleague perspective, actually, certainly our surgeons are absolutely delighted. this is another, you know, been a really fantastic thing is that they're really supportive of us. They're really championing the work that we're doing. And they are, they're excited that their patients are really, you know, positively engaging with all of these, all of, all of these pillars of rehab preoperatively and then extending into the postoperative space.

Emma (27:09)

Thank so much for really showing the impact of the guidelines and what the implementation of a prehabilitation service can do in terms of that holistic support. It's absolutely fascinating to hear. And I wondered if we could talk maybe a bit about the future of prehabilitation. And I've seen June, there are some journal articles that are going to be coming this year. Are you able to maybe share a bit more about these?

June (27:37)

Yes, so as part of the guideline development, we did, what we wanted to produce, which is out and published, is quite a short document, which you'll see it's not that long compared to the original, if you like. So it's an easy, easier read. And the journal articles, which will come out during 2026.

There will be an overarching paper for colleagues and people that like to understand the methodology behind this, some of which I described very briefly earlier. And then there will be six further papers, one for each of the main topics. So one on exercise, psychological support, nutrition, behaviour change and technology, rehabilitation, implementation and the health economics and business cases piece. So people are interested in diving into the detail along with the associated references they can do so. So that's the plan will be published in BMJ Oncology Open.

Emma (28:32)

Thank you, June. That sounds like an amazing addition to the guidelines and that extra information and resources that people will be able to access. I wonder Laura, when we think about the guidelines and the importance of prehabilitation.

I wonder whether you might be able to share some insight from your own experience about what skills, knowledge or expertise healthcare professionals and the wider workforce might need benefit from as prehab is going to become more embedded.

Laura (29:02)

So I think the things that the guideline has really helped on the ground as it were is thinking about this to really integrate and embed the prehab service within the cancer pathway and sort of giving us the tools and the language I think to be able to go sort of earlier into, I mean, ideally into primary care at that sort of two week wait referral even. So I think it's giving us the kind of the tools and the language to be able to have start having those conversations sort of earlier on in the pathway. I think in terms of what the workforce might need to look like, I think from our experience anyway, having this multidisciplinary team, I think is essential because we have so many different skills, so much knowledge that differs between all of us that I think is really, really additive.

And so having that, you know, multidisciplinary outlook, I think is incredibly important. I think moving into the community, be that primary care, be that leisure centres, be that community groups, charities, I think will also become really important as time moves on because, you know, in order to be able to scale and to support everybody going through not only the surgical treatment but also systemic cancer therapies, we've got a lot of people to look after and we've seen the benefits of prehabilitation in our small cohort. I think in order to scale, I think we need to leverage all of the fantastic resources that are already out there.

Emma (30:35)

That's really valuable to hear from your experience and your knowledge on the ground and running those services. So thank you so much for sharing that. And again, it just reinforces that importance of collaboration and a person-centred service.

Carly (30:50)

It looks great. It looks really exciting and kind of hopeful looking into the future. And when you were talking about communities, obviously, neighbourhood health and moving that that sounds amazing.

Let's move on to our regular feature, which we ask of all of our guests. So they are three questions the first question is, if you could go back in time to when you first started working within prehab, what piece of advice would you give yourself? I'll start with you June.

June (31:21)

I would suggest that you seek out all the stakeholders that are involved and the key experts right from the outset and spend time on who is going to help you because there are so many fantastic people who are very willing to support and it's very broad in terms of that multidisciplinary approach and the expertise that people already have. So bringing that community together and really understanding who there is and making best friends with them. think it's fair to say.

Carly (31:52)

Lovely, great advice. Thank you, Laura?

Laura (31:57)

So mine's, you know, from where we were initiating a new service, I think my advice to myself would be to dream big. So, you know, think big picture, but in order to make meaningful progress is to start looking for small practical wins and build from that. That would be my advice to myself.

Carly (32:16)

Absolutely, great advice, thank you. The second question is, change would you like to see to improve the lives of people living with cancer? Over to you, First June.

June (32:27)

Okay, I would like to see prehabilitation as, I'm going to say mandated in pathways for people with cancer, to help improve their lives and how they wish to live day to day, because that's what matters to people and making their lives as good as possible so that they can do the things they wish to do with family, friends, their social lives, work, etc.

Carly (32:49)

Great, lovely, and I'm sure lots of people will agree after listening to this episode for sure. And Laura?

Laura (32:56)

Afraid it's the same. Prehabilitation for all, think. ~ I think it's, you know, we've seen the benefits on the ground and I just, think we should be aiming to have prehabilitation available for anybody who is going through any cancer journey.

Carly (33:12)

Absolutely, great, thank you. And the third and last question is, what would you like listeners to take away from this episode? June.

June (33:20)

So, prehabilitation for me is, and we know from people with cancer, is proven to be highly acceptable and that we need to be led by the people with cancer themselves because we know it supports their physical and mental wellbeing and that we want people who are listening to be able to champion and advocate for the importance of prehabilitation in their care as well as the healthcare professionals that support them.

Carly (33:46)

Great, yeah, and Laura.

Laura (33:47)

So I would say that every contact counts. So even if you don't have an up and running prehab service at the moment, the guidance is out there about what is suggested, what is advisable. There's fantastic resources from the Macmillan website already. The Centre for Perioperative Care has also got some fantastic resources. And so even just having these little sort of... behavioural change, lifestyle modification, conversations anywhere you're working, I think is incredibly beneficial.

Carly (34:15)

Great. Thank you.

Emma (34:17)

Thank you both so much. It's been really valuable and you've shared such important information about what prehabilitation is, why it really matters and what our listeners can really take away from the guidelines and the benefits that it brings to people living with cancer. So thank you both so much. I've learned a lot from this conversation and I know our listeners will have done as well. So thank you both for joining the Cancer Professionals podcast today.

Laura (34:17)

Thank you.

June (34:44)

Thank very much.

Laura (34:45)

Thank you so much for inviting us.

Carly (34:47)

You've been listening to The Cancer Professionals Podcast, which is brought to you by Macmillan Cancer Support. If you work in health or social care, visit

macmillan.org.uk/learning to find out more about our learning hub where you can access free education and training. For links to the resources mentioned, see the episode description.

Emma (35:07)

If you enjoyed this episode, follow us so you don't miss our next conversation where we'll be talking about immunotherapy specifically the late effects of immunotherapy that can shape life after treatment.

We're joined by Dr. Joe Bird, a nurse consultant in melanoma and immunotherapy late effects, and Charlotte Killier, who has experience of receiving immunotherapy.

Carly (35:27)

We'd love you to rate our show and share with your colleagues. Get in touch with us by emailing professionalspodcast@macmillan.org.uk.

New episodes are released on the first and third Wednesday of each month.

Emma (35:40)

I'm Emma.

Carly (35:41)

and I'm Carly and you have been listening to the Cancer Professionals Podcast by Macmillan Cancer Support.

(Outro music)